Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | <u>04/02/2010</u> | Address: | 1170 Commercial Dr |
|---|---|-------------------------------|--|
| Case #: | <u>51f17516</u> | | Fishers IN |
| County: | <u>Hamilton</u> | | |
| Type of Laboratory Seizure (check one) Seizure Location (check all that apply) | | | |
| Chemic | onal Lab al/Glassware/Equipment (only) ite (only) | Residence Outbuilding Vehicle | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other: |
| Items Found: Location (bedroom, kitchen, open air, etc) | | | |
| (check all that apply) Lithium/Ammonia Reaction(s): | | | |
| Red Phosphorous/Iodine Reaction(s): | | | |
| ☐ Flammable Solvents: <u>Vehicle</u> | | | |
| Water Reactive Metal (Lithium): | | | |
| Anhydrous Ammonia: Vehicle | | | |
| Hydrochloric Acid Gas Generator(s): | | | |
| Corrosive Acid: | | | |
| Corrosive Base: | | | |
| Other (i | tem and location): | | |
| | | | • |
| Yes _ No | er age 18 discovered (check one) (number present) eport to Child Protective Services | Ephedrin | <u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip <u>D</u> |
| This repor | t is to be faxed to the following agen | cies that serve the le | ocation: |
| Fire Depart | ment: Fishers FD | Fax: <u>317-5</u> | |
| Health Department: <u>Hamilton Co</u> | | Fax: <u>317-7</u> Fax: | |
| Child Prote | ction Service: | | - |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: Aaron Pfaff Phone 317-234-4591 | | | |

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.